

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

JUL 26 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4137	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Stephen P Gault  P.O. Box, Bldg., Room No., if any  Street 4201 Caroline St  City Houston  State Texas ZIP Code + 4 77004-4891	4. Name, file number, and address of labor organization. Name UFCW Local 408  Labor Organization File Number 026-087  P.O. Box, Building and Room Number, if any  Street 4201 Caroline St.  City Houston  State Texas ZIP Code + 4 77004-4891
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

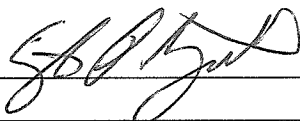
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7-15-05

Date

(713) 526-5121

Telephone Number

Name of Person Filing    Stephen Gault	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name National Pacific Dental  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 500  Street 1445 North Loop West  City Houston  State Texas ZIP Code + 4 77008	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing. Our dental coverage company that we use.  11.b. Approximate dollar value of such dealing. \$77,477  12.a. Nature of interest held or income received. Christmas Fruit Basket received.  12.b. Amount. \$97

Name of Person Filing Stephen Gault	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UFCW Region 5 Health &amp; Welfare Trust Fund #2</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 860007</p> <p>Street</p> <p>City Plano</p> <p>State Texas ZIP Code + 4 75086</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Our Health &amp; Welfare Insurance company.</p>
	<p>11.b. Approximate dollar value of such dealing. \$77,477</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting held on August 16, 2004.</p> <p>Amount was for airfare, lodging, car rental &amp; parking.</p> <p>9</p> <p>12.b. Amount. \$458</p>

Name of Person Filing Stephen Gault	File Number U-
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**Part B Continuation Page**

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Name of Person Filing Stephen Gault	File Number U-
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**Part B Continuation Page**

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	<p>11.b. Approximate dollar value of such dealing. \$77,477</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee meeting held on July 27, 2004.</p> <p>This amount was for airfare &amp; parking.</p> <p>12.b. Amount. \$121</p>